

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-047315
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 55 Primary Registration District No. 304 Registrar's No. 136

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Carrollton		c. CITY OR TOWN Carrollton	
Length of stay in 1b Life		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Carroll Co. Memorial		- d. STREET ADDRESS (If outside, give location) R.F.D. 2	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) OSCAR H. KAISER		4. DATE OF DEATH Month Dec. Day 18 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/27/1907
9. AGE (last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Carroll County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME August Kaiser		13b. MOTHER'S MAIDEN NAME Caroline Scholle	
14. NAME OF HUSBAND OR WIFE Elizabeth Kaiser		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT Address Mrs. Oscar Kaiser, Carrollton, Mo. R. 2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Extensive Coronary Arteriosclerosis 1960 DUE TO (b) Arteriosclerosis 12-1-63 DUE TO (c) Duodenal ulcer Duodenitis 12-1-63 Diverticulitis of Colon Sigmoid 40 years		INTERVAL BETWEEN ONSET AND DEATH 12-12-63	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephritis - 8, 9, 10, 11 - Atherosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 10.50 P. a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-6-63 to 12-18-63 and last saw her alive on 12-18-63 . Death occurred at 10.50 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Dr. Eugene L. Spahn M.D.	
22a. ADDRESS Carrollton		22c. DATE SIGNED 12-19-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/21/63	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) Carrollton Mo.
24. FUNERAL DIRECTOR Gibson Funeral Home, Carrollton, Mo.		25. DATE RECD. BY LOCAL REG. 12-21-63	
26. REGISTRAR'S SIGNATURE Mary Dean			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

JAN 23 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

James F. Tibson

Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.